

FILED* US Bankruptcy Court -UT
MAR 22 2021 PM 1:13

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Fill in this information to identify the case:

Debtor 1 Andrew Kent Nielsen
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of Utah

Case number: 11-35602

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$3,009.09

Claimant's Name: Andrew K Nielsen

Claimant's Current Mailing Address, Telephone Number, and Email Address: 3667 Valley West Drive
West Jordan UT 84088
(801) 643-6556

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

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4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042 at attached a Certificate of Service to this application.

Office of the United States Attorney
for the District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3-10-2021


Signature of Applicant

Andrew K Nielsen

Printed Name of Applicant

Address: 3667 Valley West Drive
West Jordan UT 84088

Telephone: (801) 643-6556

Email: barcodebaker@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Utah

COUNTY OF Salt Lake

This Application for Unclaimed Funds, dated 3-10-2021 was subscribed and sworn to before me this 10 day of March, 2021 by Andrew K Nielsen

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Von Wetcher

VON WETCHER
Notary Public - State of Utah
Comm. No. 703735
My Commission Expires on
Dec 17, 2022

My commission expires: 12/17/2022

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

GENERAL AFFIDAVIT

The within named person (Affiant), Andrew K Nielsen, who is a resident of Salt Lake County, State of Utah, personally came and appeared before me, the undersigned Notary Public, and makes this his/her statement, testimony and General Affidavit under oath or affirmation, in good faith, and under penalty of perjury, of sincere belief and personal knowledge that the following matters, facts, and things set forth are true and correct, to the best of his/her knowledge:

I am the Andrew K Nielsen who had Amy Butters as an attorney in my Bankruptcy case in 2011.

Dated this 10th day of March, 2021

Signature of Affiant

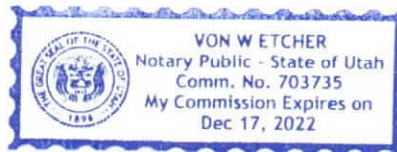
State of Utah

County of Salt Lake

Subscribed and sworn to, or affirmed, before me on this 10 day of March, 2021 by Affiant Andrew K Nielsen.

Signature of Notary Public

My Commission Expires: 12/17/2022



Debtor Name: <u>Andrew K Nielsen</u> Address: <u>3667 Valley West Dr</u> <u>West Jordan UT 84088</u> <u></u>	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>
Debtor's Attorney Name: <u>Amy Butters</u> Address: <u>101 North Fort Lane Suite 104</u> <u>Layton UT 84041</u> <u></u>	<input checked="" type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>
If Claimant is not the original creditor or payee, the individual or Entity for whom the funds were deposited: Name: <u></u> Address: <u></u> <u></u> <u></u>	<input type="checkbox"/> By Mail: First-class U.S. mail, postage pre-paid <input type="checkbox"/> By Hand Delivery <input type="checkbox"/> By Other Means (Describe): <u></u> <u></u> <u></u>

Dated this 10th Day of March, 2021


Signature

Andrew K Nielsen
Printed Name

Privacy Policy

Applicant shall redact only the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number or a tax ID number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings, or similar account numbers; and (iv) all birth date information except the year.

The responsibility for redacting personal data identifiers rests solely with the filing party.